



FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/677,581
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	September 29, 2000
770.00		First Named Inventor	Diana G. Hildreth
		Examiner Name	Poinvil, Frantz
		Art Unit	3628
		Attorney Docket No.	J2167.0165
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims ** =			
Independent Claims ** =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple dependent claim, if not paid			
1204 88 2204 44 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		770.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Joseph W. Ragusa	Registration No. (Attorney/Agent)	38,586
Signature	<i>Joseph W. Ragusa</i>	Telephone	(212) 896-5452
		Date	November 2, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 262741657 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 2, 2004	Signature: <i>Joseph W. Ragusa</i> (Joseph W. Ragusa)